

**WISCONSIN MEDICAID  
PHARMACY SPECIAL HANDLING REQUEST**

**Instructions:** Providers may submit the Pharmacy Special Handling Request and paper drug claim to: Wisconsin Medicaid, Pharmacy Special Handling Unit, Suite 20, 6406 Bridge Road, Madison, WI 53784-0020. Type or print clearly.

**SECTION I — PROVIDER INFORMATION**

1. Wisconsin Medicaid Provider Number

2. Telephone Number — Pharmacy Provider

**SECTION II — REASON FOR REQUEST (Choose one.)**

☐ 3. Emergency Supply Dispensed

☐ 4. Original Claim Denied

Date of Denial \_\_\_\_\_

Authorization / Internal Control Number \_\_\_\_\_

Explanation of Benefits (EOB) Number and / or National Council for Prescription Drug Program (NCPDP) Reject Code

\_\_\_\_\_

Description of issue for reconsideration \_\_\_\_\_

\_\_\_\_\_

☐ 5. National Drug Code (NDC) Not on Medicaid File

NDC \_\_\_\_\_

Description \_\_\_\_\_

☐ 6. Pharmacy Consultant Review

☐ Other: Explanation of review needed. (Provide the explanation in the space below.)

☐ Quantity limits exceeded. (Provide the required documentation in the space below.)

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Provide supporting documentation when available (e.g., Remittance and Status Report or manufacturer-reviewed and / or peer-reviewed literature).

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**SECTION III — CERTIFICATION**

7. SIGNATURE — Pharmacist or Dispensing Physician

8. Date Signed